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1050 Connecticu WASHINGTON						· (Depositor's name)
WASHINGTON	i, DC 20030	•	.	•		(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,248 FITLE OF INVENTION	02/06/2004 : OSCILLATION GENE	ERATING DEVICE	Niels Laugwitz		87215.2181	6884
					,	•
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	· \$1700	10/24/2007
EXAMINER ART UNIT		CLASS-SUBCLASS		•		
FENSTERMACHER, DAVID MORGAN 3682			074-087000	_		
CFR 1:363). Change of corresp Address form PTO/Si	ence address or indicatio ondence address (or Cha 3/122) attached. ication (or "Fee Address)2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)	•	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Bomag GmbH			Boppard,	Germany		
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government						
4a. The following fee(s) are submitted: 41 41 42 42 43 44 44 44 44 44 44 44			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
······			overpayment, to Dep	osit Account Numbe	r 50-2036 (enclose ar	n extra copy of this form).
a. Applicant claim	tus (from status indicated s SMALL ENTITY state	is. See 37 OFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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Authorized Signature	ty	14%		Date /	0/24/07	
Typed or printed name	Stephen S.	Fab		Registration N	o. <u>51,661</u>	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
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